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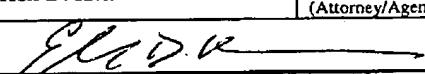
NOV 25 2005

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PTO/SB/17 (12-04)

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|---|--|---------------------------|------------------|
| FEET TRANSMITTAL for FY 2005 | | Complete if Known | |
| Patent fees are subject to annual revision. Effective December 8, 2004 | | Application Number | 09/777,989 |
| | | Confirmation Number | 3218 |
| | | Filing Date | February 6, 2001 |
| | | First Named Inventor | Chester |
| | | Examiner Name | Hal D. Wachsman |
| | | Art Unit | 2857 |
| TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 | | Attorney Docket No. 8035M | |

| METHOD OF PAYMENT | | | FEET CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---------------------------|------------------------|---|--|----------------------------------|--|----------------------------------|--|--|--|------------------------------------|---|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|---|---------------------------------|---|----------------------------------|------------------|----------------------------------|--|----------------------------------|--------------------------|------------------------------------|---|--|--------------|--------------------------|---------|--|--|---------|--|--|---|------------------------|--|--|--|--|--|---|--|
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p> | | | <p>5. ADDITIONAL FEES</p> <table> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | <u>Fee Description</u> | <u>Fee Paid</u> | Extension for reply within 1 st month | (\$120) <input type="checkbox"/> | Extension for reply within 2 nd month | (\$450) <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,020) <input checked="" type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| <u>Fee Description</u> | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$450) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,020) <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,590) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. BASIC FILING FEE - Large Entity</p> <table> <thead> <tr> <th><u>FILING</u></th> <th><u>SEARCH</u></th> <th><u>EXAMINATION</u></th> </tr> <tr> <th><u>Fee</u></th> <th><u>Fee</u></th> <th><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> </tr> <tr> <td><u>Type</u></td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> </tr> <tr> <td></td> <td></td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> </tr> <tr> <td></td> <td></td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> </tr> <tr> <td></td> <td></td> <td>(\$600)</td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | <u>FILING</u> | <u>SEARCH</u> | <u>EXAMINATION</u> | <u>Fee</u> | <u>Fee</u> | <u>Fee</u> | <u>Application</u> | | | <u>Type</u> | | | Utility | (\$300) | (\$500) | | | (\$200) | | | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | | | (\$130) | | | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | | | (\$600) | | | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | | | (Total = \$200) <input type="checkbox"/> | <p>3. APPLICATION SIZE FEE:</p> <p>Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p>SUBTOTAL (2)+(3) (\$) <input type="checkbox"/></p> | |
| <u>FILING</u> | <u>SEARCH</u> | <u>EXAMINATION</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Fee</u> | <u>Fee</u> | <u>Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Application</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Type</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table> <thead> <tr> <th><u>Extra Claims</u></th> <th><u>Fee from Below</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p>SUBTOTAL (4) (\$) <input type="checkbox"/></p> | | | <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | <p>SUBTOTAL(5) (\$) <input type="checkbox"/> [1,020]</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Extra Claims</u> | <u>Fee from Below</u> | <u>Fee Paid</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------------|---|--------------------------------------|--------------------------|--------------------------|
| SUBMITTED BY | | | Complete (if applicable) | |
| Name (Print/Type) | Erich D. Hemm | Registration No. (Attorney/Agent) | 47,286 | Telephone (513) 634-8960 |
| Signature |  | | Date | November 25, 2005 |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

For more info: (Revised for P&G use 01/24/2005)

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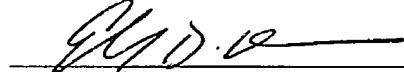
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Fax No. (513) 634-6108
Phone No. (513) 634-8960

Listed below are the item(s) being submitted with this Certificate of Transmission:

- 1) Response to Office Action dated 5/25/2005
- 2) Petition for Extension of Time
- 3) Fee Transmittal
- 4)

Number of Pages Including this Page: 28

Inventor(s): Chester, et al.
S.N.: 09/777,989
Filed: February 6, 2001
Conf. No.: 3218
Case: 8035M

Comments: